

United States District Court

DISTRICT OF _____

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 04-30080-MAP

U. S., Internal Revenue Service, Commissioner of IRS,
 IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
 State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
 State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Dennis Parizek, Operations Mgr., Exam SC Supp.
 Internal Revenue Service, 1973 North Rulon White Blvd.
 Ogden, UT 84404

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
 68 Van Horn St.
 West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within sixty (60) days after
 service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken
 against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a
 reasonable period of time after service.

TONY ANASTAS

CLERK

Mary Finn

(BY) DEPUTY CLERK

DATE

April 29, 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Address se </div>	
1. Article Addressed to: Dennis Parizek Operations Mgr., Exam SC Supp. Internal Revenue Service 1973 North Rulon White Blvd. Ogden, UT 84404 RE: Fed Court Case # 04-30080-MA (10)		B. Received by (Printed Name) MAY 10 2004	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service type: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Signature Required (Extra Fee) </div> </div>	
2. Article Number (Transfer from service lab)		7002 3150 0002 2103 3858	
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		102595-02-M 1541	